Schedule E)	PAGE 1 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	- M / D = D / Y = Y = Y
Full Name of Payee Date of Sarah Bassil	of Public Distribution/Dissemination
Mailing Address 7650 Fallswood Way	11 14 2014
Alliou	
City State Zip Code	60.00
Date of	action ID : df2ee3be-aacf-4cff-9 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 14 / 2014
Name of Federal Candidate Support Office Sough	it: House District: 00
Ms. Mary L Landrieu	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014 O	nt For:
Full Name of Payee Date	of Public Distribution/Dissemination
Sarah Bassil	11 14 2014
Mailing Address 7650 Fallswood Way Amou	int
City State Zip Code	60.00
Lorton VA 22079 Transa	action ID : 6f557d3c-e272-4cf1-a of Disbursement or Obligation
Purpose of Expenditure	11 / 14 / 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu Oppose Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For: Primary
(a) SUPTOTAL of Itemized Independent Expenditures	120.00
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	4 4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	16 2014
Signature	

Schedule E)	11 = 11 = 11 = 11	1101120		PAGE 2 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Laura U Logie			11	
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		30.00
Harrisonburg	VA	22801		ion ID : b31c1656-041d-4e1e-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	W / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jerome M Weil			M 11	
Mailing Address 101 Durham Drive				14 2017
100 2 2002			Amount	
City	State	Zip Code		15.00
Lafayette	LA	70508	Transaction Date of [on ID : 304cc5ba-a87d-4f5c-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	277666.32	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res		·	45.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature		_		

Schedule E)	INI EXI END	HONES		PAGE 3 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jerome M Weil			M = M /	Distribution/Dissemination
Mailing Address 101 Durham Drive			Amount	14 2014
City	State	Zin Codo		4.50
Lafayette	LA	Zip Code 70508		2: ab8b9707-ea0d-4207-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christine Stevens			M M /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		: 4588ef9d-0167-4d78-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	74.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	
				7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 16	2014
Signature				

Schedule E)	IXI LITE	101120		PAGE 4 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Jazmine d Conner			Da	ate of Public Distribution/Dissemination
				11 14 2014
Mailing Address 100 ASBURY CT			An	mount
City Sta	ate	Zip Code	— Г	70.00
WINCHESTER V	/A	22602		ransaction ID: 021ea8b5-5792-43de-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 14 2014
Name of Federal Candidate		Support	Office So	ought: House District: 00
Ms. Mary L Landrieu		X Oppose		esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	77666.32	Disburser 2014	ment For:
Full Name of Payee			Da	ate of Public Distribution/Dissemination
Jon E Conner				11 14 2014
Mailing Address 100 Asbury Ct			Ar	mount
City Sta	ate	Zip Code		70.00
Winchester V	/A	22602		ansaction ID: ed24f8b0-beb1-4de2-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ought: House District: 00
Ms. Mary L Landrieu		X Oppose	Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				140.00
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			·· • [
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	e 11	16 / 2014

Schedule E)	EXI EIVE			PAGE 5 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			М	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee Rodney O Culbreath				of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct				11 14 2014
133.333, 5			Amour	nt
City	State	Zip Code		70.00
Winchester	VA	22602		action ID: 2ff0b37e-6769-47ab-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	277666.32	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Rodney D Culbreth			M	-M / D -D / Y -Y -Y -Y
Mailing Address 100 Asbury CT				11 14 2014
3200 Dam Neck Rd			Amoui	nt
City	State	Zip Code	─ I :	70.00
Winchester	VA	22602		ction ID: a910771b-18d6-441c-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 14 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.			•	140.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	16 2014
Signature				

Schedule E)	/LIVI L/X. L.1.5	1101120		PAGE 6 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	
Full Name of Payee Rze Culbreath			Date of	
Mailing Address 100 Asbury Ct			Amount	1 14 2014
City	State	Zip Code		70.00
Winchester	VA	22602		tion ID : 351ca429-5207-4e09-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee Carla K Pilgreen			Date of	Public Distribution/Dissemination
Mailing Address 212 Stonecliff Dr			1	
			Amount	
City	State	Zip Code		20.00
West Monro	LA	71291		ion ID : 16d4f2bd-c089-484e-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement F 2014 Othe	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		· - -	90.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature		_		

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (I			FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	IT PAC		C C00530766
Check if X 24-hour repo	rt 48-hour report Ne	ew report Amends report f	iled on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgree			11 14 2014
Mailing Address 212 S	tonecliff Dr		Amount
City	State	Zip Code	9.00
West Monro	LA	71291	Transaction ID: 5511f0d8-3427-4136-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Cand	idate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To- Per Election for C			isbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Joshua J Huffma	an		11 14 2014
Mailing Address 211	Dixie Ave		Amount
City	State	Zip Code	40.00
Harrisonburg	VA	22801	Transaction ID : 605f3205-abec-41e3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	е	Category/ Type 001	11 14 2014
Name of Federal Cand	lidate	Support O	ffice Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To- Per Election for C			isbursement For: Primary
(a) SUBTOTAL of Itemi	zed Independent Expenditures	······	49.00
(b) SUBTOTAL of Unite	emized Independent Expenditures		
(c) TOTAL Independent	Expenditures		
with, or at the request of			made in cooperation, consultation, or concert ther, or (if the reporting entity is not a political
Ms. Emily B		lectronically Filed] Date	11 16 2014
Signature			

PAGE

OF

Schedule E)	EXI END	TOTILO		PAC	GE 8 OF 34 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
Women Speak Out PAC					530766
Check if 24-hour report 48-hour report	New rep	ort Amends re	port filed on	M = M / D	* D / Y * Y * Y * Y
Full Name of Payee Amanda Boley			D	M M / D	stribution/Dissemination
Mailing Address Split Oak Drive			A	mount	14 2014
City	State	Zip Code			30.00
charlotte	NC	28227			obcdc97d-63ca-472d-8 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 00	01	11 / D	14 / 2014
Name of Federal Candidate		Support	Office S	ought: H	louse District: 00
Ms. Mary L Landrieu		X Oppose		•	enate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	277666.32	Disburse 2014	ment For: Other (specify	Primary X General
Full Name of Payee				ate of Public Dis	stribution/Dissemination
Amanda Boley				M M / D	14 2014
Mailing Address Split Oak Drive					14 2014
GPIN GUN DINIG			A	mount	
City	State	Zip Code			14.43
charlotte	NC	28227			22fe893-f850-4618-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	2	11 /	14 2014
Name of Federal Candidate		Support	Office S	ought: H	louse District: 00
Ms. Mary L Landrieu		X Oppose	Pı	esident X S	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	277666.32	Disburse 2014	ment For: Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures					44.43
(b) SUBTOTAL of Unitemized Independent Expenditu	res		···· •		7
(c) TOTAL Independent Expenditures			····· •		7 1 5
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 11	16	2014
Signature					

Sch	edule E)	1 E/N E.1.5.	TOTILO		PAGE 9 OF 34 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report 48-hour report	New repo	ort Amends re	report filed of	on M = M / D = D / Y = Y = Y
	ull Name of Payee				Date of Public Distribution/Dissemination
	John K Necaise III				11 14 2014
IV	Mailing Address 1905 Franklin Ave				Amount
С	City	State	Zip Code		37.50
	New Orleans	LA	70117		Transaction ID: 44982a75-a84f-4955-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	001	M M / D D / Y Y Y Y Y Y 11 11 12 12 12 12 12 12 12 12 12 12 12
N	lame of Federal Candidate		Support	t Office	Sought: House District: 00
N	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 2	277666.32	Disbur 2014	rsement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
'	John K Necaise III				M M / D D / Y Y Y Y Y
N	Mailing Address 1905 Franklin Ave				11 14 2014
	1900 Hariwiii Ave				Amount
С	Dity	State	Zip Code		11.49
	New Orleans	LA	70117		Transaction ID : a0ebffcb-8839-415f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	11 / 14 / 2014
N	Name of Federal Candidate		Suppor	t Office	Sought: House District: 00
N	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	277666.32	Disbur 2014	rsement For: Primary X General Other (specify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditure:	·S		······ >	48.99
(b)) SUBTOTAL of Unitemized Independent Expenditu	ures		····· >	1 7 1 7 1 7
(c)) TOTAL Independent Expenditures			······ >	1 1 7 1 1 7 1 1 7 1
witl	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 11	M / D D / Y Y Y Y Y Y 16 2014
	Signature		_		

Schedule E)		IDENT EX ENS.			PAGE 10 OF 34 FOR SE OF FORM 24/48
NAME OF COM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if X 24-	hour report 48-hour repo	ort New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Charleer	Payee n Ecuyer				of Public Distribution/Dissemination
Mailing Addre	ess 3738 Woodland Ridge Blvd			Amou	11 14 2014 nt
City		State	Zip Code		32.50
Baton Rouge		LA	70816		action ID : 8548675e-a943-4cc7-9 of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001		11 14 / 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L L	.andrieu		X Oppose	Preside	
	r Year-To-Date ction for Office Sought	2	277666.32	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
Full Name of Charleen					of Public Distribution/Dissemination
Mailing Addr	ess 3738 Woodland Ridge Blv	/d		Amou	
City		State	Zip Code		4.92
Baton Roug		LA	70816		ction ID : 3ef865b0-5eca-48cf-b of Disbursement or Obligation
Purpose of E Mileage	Expenditure		Category/ Type 002	M	11 14 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L L	_andrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought		277666.32	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Exp	enditures		•	37.42
(b) SUBTOTA	L of Unitemized Independent E	expenditures			
(c) TOTAL Inc	dependent Expenditures			•	7 1 7 1 7
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11 /	16 2014
Signature					

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Vanessa E Ecuyer	11 14 2014
	Mailing Address 3738 Woodland Ridge Blvd	Amount
	City State Zip Code	32.50
	Baton Rouge LA 70816	Transaction ID : ef75f2c4-de1d-41f0-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 14 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	077000 00	ursement For: Primary X General
	Per Election for Office Sought 277666.32 2014	Other (specify) ▶
	Full Name of Payee Chelsey Waite	Date of Public Distribution/Dissemination
	Mailing Address 3738 Woodland Ridge Blvd	11 14 2014
	5750 Woodland Mage Blvd	Amount
	City State Zip Code	32.50
	Baton Rouge LA 70816	Transaction ID: 0b0be697-1c08-421a-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 14 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 277666.32	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		11 16 2014
	Signature	التنتا التا

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Schedule E)	IN EXIEND	ITOTILO		PAGE 12 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Philip Elkins			11 11	14 2014
Mailing Address 227 Lincoln Dr			Amount	
City	State	Zip Code		20.00
Bossier City	LA	71111		n ID: c901a4f9-7ee0-43c5-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M = M	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	277666.32	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Philip Elkins			11	14 2014
Mailing Address 227 Lincoln Dr			Amount	
City	State	Zip Code		4.80
Bossier City	LA	71111		ID: 6d132fc9-9ceb-4c92-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	277666.32	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			24.80
(,,				7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •	7 1 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 16	
-				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
١	Tabitha M Ecuyer	11 14 2014
	Mailing Address 3738 Woodland Ridge Blvd	Amount
ı	City State Zip Code	32.50
١	Baton Rouge LA 70816	Transaction ID: 97ecc280-2038-48ca-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32 Disbut 2014	sement For:
l	Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
	Mailing Address 924 N. Prieur St	Amount
ı	City State Zip Code	80.00
١	New Orleans LA 70116	Transaction ID: 636638bd-e67d-4f7f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 14 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
((a) SUBTOTAL of Itemized Independent Expenditures	112.50
((b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignaturo ————————————————————————————————————	

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OF

Schedule E)		PAGE 14 OF 34 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C coo530766					
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination			
Mailing Address 924 N. Prieur St		11 14 2014 Amount			
City	7in Codo	10.50			
City State New Orleans LA	Zip Code 70116	16.50 Transaction ID: 0b822ae0-6014-4e83-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11 14 2014			
Name of Federal Candidate	Support Offi	ice Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	277666.32 Dis 201	bursement For: Primary General 4 Other (specify) ▶			
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination			
Mailing Address 8822 Apple St		11 14 2014 Amount			
City State	Zip Code	50.00			
New Orleans LA	70188	Transaction ID : c7964e4a-948f-4f58-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	11 / 14 / 2014			
Name of Federal Candidate	Support Off	ice Sought: House District:00			
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	277666.32 Dis 20'	bursement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		66.50			
(b) SUBTOTAL of Unitemized Independent Expenditures	>				
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electronically Filed] Date	11 16 2014			

Schedule E)		10.120		PAGE 15 OF 34 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC C c00530766					
			M =	M / D = D / Y = Y = Y	
Check if X 24-hour report 48-hour re	eport X New repo	ort Amends repo	ort filed on		
Full Name of Payee Antoinette Franklin			Date of		
Mailing Address 8822 Apple St			Amount		
City	State	Zip Code		12.00	
New Orleans	LA	70188		ction ID : ece61049-0382-4ed7-b Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M 1	M / D D / Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	President		
Calendar Year-To-Date Per Election for Office Sought	2	277666.32	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of		
Mailing Address 9425 Jessica Drive			Amount		
City	State	Zip Code		55.00	
Shreveport	LA	71106		ion ID : e62b9cfa-3769-4a5b-9 Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	1		
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought	7 7	277666.32	Disbursement I 2014 Oth	For:	
(a) SUBTOTAL of Itemized Independent E	xpenditures		· []	67.00	
(b) SUBTOTAL of Unitemized Independent	t Expenditures			4	
(c) TOTAL Independent Expenditures			·	7	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized				
Ms. Emily Buchanan	[Electroni	ically Filed] Date		16 2014	
Signature					

NAME OF COMMITTEE (In Full) Women Speak Out PAC Check if 24-hour report	ation
Check if 24-hour report 48-hour report New report Amends report filed on Manual Leading. Cooperation Cooperat	Υ ΨΥ
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive City State Zip Code Amount City State Zip Code Shreveport LA 71106 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Man Many Landricus New report Amends report filed on Date of Public Distribution/Dissemin on District: Category/ Type 002 Name of Federal Candidate Support Office Sought: House District:	Υ ΨΥ
Gary W Fuhrmann Mailing Address 9425 Jessica Drive Amount City State Zip Code Shreveport LA 71106 Purpose of Expenditure Mileage Category/ Type Ouz Name of Federal Candidate Manual Landricu	Υ ΨΥ
Mailing Address 9425 Jessica Drive City State Zip Code Shreveport LA 71106 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Office Sought: House District:	
City State Zip Code Shreveport LA 71106 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Manual Landsiau Amount Transaction ID: d6b66bbc-b61b-4 Date of Disbursement or Obligation Manual Landsiau Support Office Sought: House District:	
Shreveport LA 71106 Transaction ID: d6b66bbc-b61b-4 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Office Sought: House District:	
Shreveport LA 71106 Transaction ID: d6b66bbc-b61b-4 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Office Sought: House District:	9.00
Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Office Sought: House District:	
Support Office Sought: House District:	
Mo Morel Londrice	00
	LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary ▼ 0 277666.32 Other (specify) ▶	ieneral
Full Name of Payee Date of Public Distribution/Dissemin	ation
Francesca Blom	4
Mailing Address 101 Asbury Ct Amount	
City State Zip Code 60	.00
Winchester VA 22602 Transaction ID : 3a8e1ee9-04a9-4b ⁻ Date of Disbursement or Obligation	8-a
Purpose of Expenditure Salary Category/ Type O01 11 14 201	
Name of Federal Candidate Support Office Sought: House District:	00
Ms. Mary L Landrieu	LA
Calendar Year-To-Date Per Election for Office Sought 277666.32 Disbursement For: □ Primary 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 16 2014	
Signature	

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OF

	,		FOR SE OF FORM 24/48
	COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvomer	n Speak Out PAC		C C00530766
Check if	24-hour report 48-hour report New report	Amends report filed	on Mam / Dad / Yayayay
	me of Payee		Date of Public Distribution/Dissemination
	cis Richardson		11 14 2014
Mailing	Address 220 Doucet Rd		Amount
City	State Zip (Code	25.00
Lafaye	·		Transaction ID : 2a44fbb1-4afc-46ca-8 Date of Disbursement or Obligation
Purpos Salary	e of Expenditure Cat	tegory/ Type 001	11 / 14 / 2014
Name of	of Federal Candidate	Support Office	Sought: House District: 00
Ms. Ma	ary L Landrieu	X Oppose	President Senate State: LA
	alendar Year-To-Date er Election for Office Sought 27766		rrsement For: Primary
	me of Payee cis Richardson		Date of Public Distribution/Dissemination
	Address		11 14 2014
Ivialility	Address 220 Doucet Rd		Amount
City	State Zip	Code	1.41
Lafaye	ette LA 705	503	Transaction ID: 8894d31a-93b8-45d3-8 Date of Disbursement or Obligation
Purpos Mileag	e of Expenditure ge Cat	tegory/ Type 002	11 14 2014
Name	of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Ma	ary L Landrieu	Oppose	President State: LA
	alendar Year-To-Date er Election for Office Sought 27	77666.32 Disbu 2014	orsement For: Primary X General Other (specify) ▶
(a) SUB	TOTAL of Itemized Independent Expenditures	·····	26.41
(b) SUB	TOTAL of Unitemized Independent Expenditures	·····	
(c) TOT	AL Independent Expenditures	······	
with, or	enalty of perjury I certify that the independent expenditures repo- at the request or suggestion of, any candidate or authorized com- mmittee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically	Filed] Date 1	1 16 2014
Signa	ature		

PAGE

OF

Schedule E)	PAGE 18 OF 34 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC					
Check if 24-hour report 48-hour report New report Amends report filed on	/ D D / Y Y Y Y Y				
Christopher L Gilbert	ic Distribution/Dissemination				
Mailing Address 55 Lovell Johnson Rd Amount	14 2014				
City State Zip Code	85.00				
Picayune MS 39466 Transaction	ID: 12ed66f5-727d-47b6-a pursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001 11	14 2014				
Name of Federal Candidate Support Office Sought:	House District: 00				
Me Mary Landriau	Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary				
Christopher L Gilbert	lic Distribution/Dissemination				
Mailing Address 55 Lovell Johnson Rd Amount	14 2014				
City State Zip Code	48.00				
Picayune MS 39466 Transaction I Date of Disb	ID: 1e8a001b-00ea-4199-9 oursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002 11	14 2014				
Name of Federal Candidate Support Office Sought:	House District: 00				
Ma Marriel Lander	Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 277666.32 Other (s	Primary X General specify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures	133.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 11 16	2014				

Schedule E)	ENT EXILID	TIONES	PAGE 19 OF 34 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Donna S Wilson			11 / 14 / 2014		
Mailing Address 4456 Country Hill Dr			Amount		
City	State	Zip Code	10.00		
Baton Rouge	LA	70816	Transaction ID : 5010e069-42d1-459b-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 14 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	.,	277666.32	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Donna S Wilson			11 / 14 / 2014		
Mailing Address 4456 Country Hill Dr			Amount		
City	State	Zip Code	7.20		
Baton Rouge	LA	70816	Transaction ID: 4979c880-a39f-4714-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendent	litures		. • 17.20		
			4		
(b) SUBTOTAL of Unitemized Independent Expo	enditures		- •		
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·		
	ididate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 16 2014		
•					

_				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y
	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Heather Ainsworth	M	11	14	2014
	Mailing Address 9685 Paula St	Amou	nt		
	City State Zip Code				80.00
	Keithville LA 71047			n ID: 9a4fef95- bursement or C	3143-46fc-a
	Purpose of Expenditure Salary Category/ Type 001		11 ^M	14	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32	rsemen		Primary specify) ▶	General
	Full Name of Payee Heather Ainsworth		of Pub	olic Distribution	Y Y Y Y Y
	Mailing Address 9685 Paula St	Amou	11 nt	14	2014
	City State Zip Code				22.80
	Keithville LA 71047			ID: 121c6305- bursement or (1f7b-418c-b
	Purpose of Expenditure Mileage Category/ Type 002		11 M	/ D D /	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32			Primary specify) ►	X General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7	F 1 7	102.80
	(b) SUBTOTAL of Unitemized Independent Expenditures			, ,	
	(c) TOTAL Independent Expenditures	Г.		7- 1-75-	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	16	D / Y Y 201	4
	Signature		_		

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Schedule E)	LIVI EXI END	TTOTILO		PAGE 21 OF 34 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC					
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Jenny N Brown			M M /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1270 Lovelady Rd			Amount		
City	State	Zip Code		30.00	
West Monroe	LA	71292	I	9 : 7b012832-20f0-4291-9 sement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 /	14 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought	7	277666.32	Disbursement For: [2014 Other (spe	Primary	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Jenny N Brown			11 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1270 Lovelady Rd			Amount		
City	State	Zip Code		6.00	
West Monroe	LA	71292		: 67de8cba-b993-41c0-8 sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11 /	14 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: 2014 Other (spe	Primary X General	
(a) SUBTOTAL of Itemized Independent Expendent	litures			36.00	
(b) CURTOTAL of Unitersized Independent Fun					
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•	4 1 2	
(c) TOTAL Independent Expenditures			>	7 7	
Under penalty of perjury I certify that the indeposit, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 16	2014	
J					

Schedule E)	INT EXI END	ITORES		PAGE 22 OF 34 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y	
Full Name of Payee			Date o	of Public Distribution/Dissemination	
ERIC TABÁRY				11 14 2014	
Mailing Address 6101 NORA ST			Amour	nt	
City	State	Zip Code		35.00	
METAIRIE	LA	70003		action ID : a4c1573c-b9be-4730-8 of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 14 / 2014	
Name of Federal Candidate		Support	Office Sought	: House District: 00	
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	:	277666.32	Disbursement 2014 Ot	For: Primary X General	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
ERIC TABARY			M	11 14 2014	
Mailing Address 6101 NORA ST			Amou	nt	
City	State	Zip Code		0.90	
METAIRIE	LA	70003		ction ID : 08cff9d4-8dde-4346-a of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 14 2014	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
Ms. Mary L Landrieu		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement 2014 Of	t For:	
(a) SUBTOTAL of Itemized Independent Expendit	ures			35.90	
(,)				4 4	
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. 3					

Schedule E)	INT EXI END	ITOTILO		PAGE 23 OF 34 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C coo530766					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee Hannah J Landry				c Distribution/Dissemination	
Mailing Address 1110 N Coolidge			11	14 2014	
Throng Coolings			Amount		
City	State	Zip Code		60.00	
Gonzales	LA	70737		ID : ca2ca4dd-62a1-4b4d-a ursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M M 11	14 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose		Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►	
Full Name of Payee			Date of Publi	ic Distribution/Dissemination	
Hannah J Landry			M M M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1110 N Coolidge			Amount		
City	State	Zip Code		9.00	
Gonzales	LA	70737		D: 98e10450-5317-41f5-8 ursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11	14 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	277666.32	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	69.00	
(b) SUBTOTAL of Unitemized Independent Expen	ditures				
(-,				45	
(c) TOTAL Independent Expenditures			>	1171171	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 16	2014	
- 3					

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary C Lee	11 14 2014
	Mailing Address 1030 N Coolidge Ave	Amount
ŀ	City State Zip Code	60.00
	Gonzales LA 70737	Transaction ID: 3b9f9d81-1010-4103-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 14 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32 Disbut 2014	orsement For: Primary
ľ	Full Name of Payee Mary C Lee	Date of Public Distribution/Dissemination
	Mailing Address 1030 N Coolidge Ave	11 14 2014 Amount
ŀ	City State Zip Code	9.00
	Gonzales LA 70737	Transaction ID : f6616797-e83b-487e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 14 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32	orsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 16 2014
	Signature	

PAGE

OF

Schedule E)		1101120		PAGE 25 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Zachary Vidrine	<u>- </u>		M	
Mailing Address 202 Rue Des Cajun			Amount	1 14 2014
City	State	Zip Code		60.00
Ville Platte	LA	70586		tion ID: 0a17444b-d4b0-4660-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	277666.32	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee Zachary Vidrine			Date of	
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		20.40
Ville Platte	LA	70586		ion ID : c649ceac-9bb2-4d12-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1 ⁻	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	277666.32	Disbursement F 2014 Other	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			80.40
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	4-1-4-1-4-1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		16 2014
Signature				

Schedule E)	01 11021 2.132.11	L/((L. (101120		PAGE 26 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fu					FEC IDENTIFICATION NUMBER ▼
Women Speak Out F	PAC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold					of Public Distribution/Dissemination
Mailing Address 1117 Clip	per Dr			Amou	11 14 2014
City Slidell	S	State LA	Zip Code 70458		12.00 saction ID : bf350d8b-196e-45c1-b
Purpose of Expenditure Salary			Category/ Type 001		of Disbursement or Obligation
Name of Federal Candidat	e		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu			X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office		2	77666.32	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee Patricia F Arnold					of Public Distribution/Dissemination
Mailing Address 1117 C	lipper Dr			Amou	ınt
City	9	State	Zip Code		4.92
Slidell		LA	70458		action ID: b4e8f23f-9306-4ad8-9 of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		11 / 14 / 2014
Name of Federal Candidat	ie		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent X Senate State: LA
Calendar Year-To-Date Per Election for Office			277666.32	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized	Independent Expenditures			· [16.92
(b) SUBTOTAL of Unitemiz	red Independent Expenditure	es			
(c) TOTAL Independent Ex	penditures			· .	7 1 7 1 6
with, or at the request or su		or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buche	anan	[Electroni	ically Filed] Date	, 11 /	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	NI EXI END	ITOTILO		PAGE 27 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jordan L Randall			M = M /	Distribution/Dissemination
Mailing Address 27 Mesa St			Amount	14 2014
City	State	Zip Code		5.00
Kenner	LA	70065		D: 83f29d8a-ff82-41ec-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Jennifer F Gilbert			Date of Public	Distribution/Dissemination
			11 /	14 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		70.00
Carriere	MS	39426		: f462b103-3f2e-4c6d-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	14 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	277666.32	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			75.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
			4	4
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 16	2014
Jigilataio				

Sched	lule E)	1 L /(1 L /(2)	1101120		PAGE 28 OF 34 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
	Name of Payee ennifer F Gilbert				of Public Distribution/Dissemination
Mail	ling Address 180 McNeil Steep Hollow Rd			Amou	11 14 2014 unt
City		State	Zip Code	<u> </u>	43.20
	rriere	MS	39426		saction ID : 2ae7cad6-8746-435a-9 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		11 14 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District:00
Ms.	. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	277666.32	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
	Name of Payee ice K Salazar				of Public Distribution/Dissemination
Mai	ling Address 605 W Houston St			Amou	11 14 2014 unt
City	,	State	Zip Code	$ \Gamma$	80.00
	arshall	TX	75633		action ID : d4698672-19bc-48ca-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	$\exists \mid C$	11 / 14 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms.	. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	277666.32	Disbursemer 2014	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	∋s		>	123.20
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		·· •	
(c) T	TOTAL Independent Expenditures			··· >	7
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	16 2014
Si	ignature				

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y = Y
	full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Alice K Salazar		11 ^M	14	2014
N	Mailing Address 605 W Houston St	Amour	nt		
	City State Zip Code	Г.			46.80
	Marshall TX 75633			ID : ff484069 - oursement or C	01ce-48b3-a
	Purpose of Expenditure Mileage Category/ Type 002		11 ^M	14	2014
Ν	lame of Federal Candidate Support Office	Sough	t:	House	District:00
Ľ	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 277666.32 Disbut 2014	rsement		Primary specify) ▶	General
	Carl Brent	Date o	of Pub	olic Distribution	/Dissemination
<u> </u>	Mailing Address 6718 Lake Willow Dr	Amou	11 nt	14	2014
	2011 - 20		-		20.00
	City State Zip Code New Orleans LA 70126			ID : 2b7126bf-	
	Purpose of Expenditure Salary Category/ Type 001		11 M	bursement or C	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
Ľ	., ., ., <u></u>	•		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 277666.32			Primary specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			7	126.80
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c	TOTAL Independent Expenditures			7	
wit	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 /	16	201	4
	Signature				

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OF

Schedule E)	LAPLINDI	TUNES		PAGE 30 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Carl Brent			Date of Pt	ublic Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			Amount	14 2014
City S New Orleans	State LA	Zip Code 70126	Transaction	11.10 on ID : 504379fd-8901-4c05-a
		1		isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	77666.32	Disbursement Fo 2014 Other	r: Primary
Full Name of Payee				ublic Distribution/Dissemination
Timothy Foley			M M	14 2014
Mailing Address 20679 Glenbrook Terrace			Amount	14 2014
City	State	Zip Code		10.00
Sterling	VA	20165		n ID : fa2cbe17-0d05-4428-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursement Fo	r: Primary X General
				(FF-7)
(a) SUBTOTAL of Itemized Independent Expenditures			>	21.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M / D	6 2014
Signature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour i	report New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Michael Vidrine				11 14 2014
Mailing Address 1103 West Wilson Stree	t		Amou	unt
City	State	Zip Code	<u> </u>	55.00
Ville Platte	LA	70586		saction ID: d5bc44c9-dad2-4e77-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001] [11 14 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought	2	277666.32	Disbursement 2014	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Michael Vidrine				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Str	eet		Amo	
City	State	Zip Code		21.60
Ville Platte	LA	70586		action ID: e2254991-4ecd-4432-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 14 2014
Name of Federal Candidate		Support	Office Soug	ht: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent I	Expenditures		•	76.60
(b) SUBTOTAL of Unitemized Independent	nt Expenditures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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OF

Schedule E)	IN EXIEND	TIONES		PAGE 32 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Cathy Longtin			M M /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		75.00
New Orleans	LA	70124		D: f9e74010-242a-46cf-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	277666.32	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Cathy Longtin			11	14 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		9.90
New Orleans	LA	70124		: 0fea945e-a0c1-49d2-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	277666.32	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	84.90
(b) CURTOTAL of Unitamized Independent Every	aditura o			
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•	49.
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 16	2014
3				

Schedule E)	LAFLINDI	TUNES		PAGE 33 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Colton R Overcash			M	
Mailing Address 121 Ohara Dr			Amount	14 2014
City	State	Zip Code		80.00
Salisbury	NC	28147	Transac	tion ID : 759bd9e1-2aa9-4a3a-9
Purpose of Expenditure Salary		Category/ Type 001	Date of	
Name of Federal Candidate			0.00	00
Ms. Mary L Landrieu		Support Oppose	Office Sought: President	House District: 00 Senate State: LA
		Oppose	Disbursement F	
Calendar Year-To-Date Per Election for Office Sought	2	77666.32	2014	er (specify)
Full Name of Payee			Date of	Public Distribution/Dissemination
Colton R Overcash			M 1	
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		33.60
Salisbury	NC	28147		on ID: f479a08f-730a-453a-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	277666.32	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			113.60
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LAFLINDI			PAGE 34 OF 34 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amou	11 14 2014 nt
City	State	Zip Code		90.00
Keithville	LA	71047		action ID : e3b1b6ea-d379-48d7-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 14 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	1.0
Calendar Year-To-Date Per Election for Office Sought	2	77666.32	Disbursemen 2014 O	rt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Jessica R Resendiz				11 / 14 / 2014
Mailing Address 9685 Paula St			Amou	int
City	State	Zip Code		16.20
Keithville	LA	71047		oction ID : aa7e1c05-cb16-496d-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 14 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		277666.32	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				106.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(c) TOTAL Independent Expenditures			•	2508.17
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y